

# BlueOptions Mental Health Services Endorsement

This Endorsement is to be attached to and made a part of your Blue Cross and Blue Shield of Florida, Inc. BlueOptions Benefit Booklet including any Endorsements attached thereto. The Benefit Booklet is amended as described below:

This Endorsement is effective upon your Group's next renewal, which occurs on or after 10/15/09.

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## What is Covered?

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The **Mental Health Services** subsection is amended as follows:

The second paragraph is deleted in its entirety and replaced with the following:

Partial Hospitalization is a Covered Service when provided under the direction of a Physician and in lieu of inpatient hospitalization.

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## Blueprint for Health Programs

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The following new subsection is added:

### **Prior Coverage Authorization/Pre-Service Notification Programs for Mental Health Services**

You or your Physician will be required to obtain prior coverage authorization from us for Mental Health Services.

#### **In-Network Providers**

It is the In-Network Provider's sole responsibility to comply with our prior coverage authorization requirements, and therefore you will not be responsible for any benefit reductions if prior coverage authorization is not obtained before Medically Necessary Services are rendered.

Once we have received the necessary medical documentation from the Provider, we will review

the information and make a prior coverage authorization decision, based on our established criteria then in effect. The Provider will be notified of the prior coverage authorization decision.

#### **Out-of-Network Providers**

It is your sole responsibility to comply with our prior coverage authorization requirements when rendered or referred by an Out-of-Network Provider **before** Mental Health Services are provided. **Your failure to obtain prior coverage authorization will result in denial of coverage for such Services.**

For additional details on how to obtain prior coverage authorization for Mental Health Services, please call the customer service phone number on the back of your ID Card.

Once the necessary medical documentation has been received from you and/or the Out-of-Network Provider, BCBSF will review the information and make a prior coverage authorization decision, based on our established criteria then in effect. You will be notified of the prior coverage authorization decision.

See the "Claims Processing" section for information on what you can do if prior coverage authorization is denied.

**Note:** Prior coverage authorization is not required when Covered Services are provided for the treatment of a Medical Emergency.

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## Definitions

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The following definition is added:

**Medical Emergency** means the sudden and unexpected onset of a medical or psychiatric Condition or an injury that in the absence of medical care could reasonably be expected to

endanger your life or result in serious injury or disability.

This Endorsement shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in the Benefit Booklet, other than as specifically stated in the provisions contained in this Endorsement. In the event of any inconsistencies between the provisions contained in this Endorsement and the provisions contained in the Benefit Booklet, the provisions contained in this Endorsement shall control to the extent necessary to effectuate the intent as expressed herein.

Serviced by Blue Cross and Blue Shield of Florida, Inc.